

County: Outagamie

Facility ID: 8500

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ST PAUL HOME

316 EAST 14TH STREET

KAUKAUNA

54130

Phone: (920) 766-6020

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 129

Total Licensed Bed Capacity (12/31/00): 129

Number of Residents on 12/31/00: 126

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Non-Profit Church Related

Skilled

Yes

Yes

127

## Services Provided to Non-Residents

## Age, Sex, and Primary Diagnosis of Residents (12/31/00)

## Length of Stay (12/31/00) %

	No	%	Primary Diagnosis	%	Age Groups	%	Length of Stay	%
Home Health Care	No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32.5
Supp. Home Care-Personal Care	No						1 - 4 Years	47.6
Supp. Home Care-Household Services	No		Developmental Disabilities	5.6	Under 65	0.8	More Than 4 Years	19.8
Day Services	No		Mental Illness (Org./Psy)	19.0	65 - 74	5.6		
Respite Care	No		Mental Illness (Other)	6.3	75 - 84	27.8		100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	55.6	*****	
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.8	95 & Over	10.3	Full-Time Equivalent	
Congregate Meals	No		Cancer	0.8			Nursing Staff per 100 Residents	
Home Delivered Meals	No		Fractures	7.1		100.0	(12/31/00)	
Other Meals	No		Cardiovascular	14.3	65 & Over	99.2		
Transportation	No		Cerebrovascular	13.5			RNs	10.0
Referral Service	No		Diabetes	6.3	Sex	%	LPNs	2.6
Other Services	Yes		Respiratory	7.1			Nursing Assistants	
Provide Day Programming for			Other Medical Conditions	19.0	Male	27.0	Aides & Orderlies	
Mentally Ill	No				Female	73.0		
Provide Day Programming for				100.0				
Developmentally Disabled	No					100.0		

## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		Total No.
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	5	100.0	\$256.00	65	82.3	\$102.26	0	0.0	\$0.00	32	76.2	\$142.50	0	0.0	\$0.00	102	81.0%
Intermediate	---	---	---	14	17.7	\$84.63	0	0.0	\$0.00	10	23.8	\$142.50	0	0.0	\$0.00	24	19.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		79	100.0		0	0.0		42	100.0		0	0.0		126	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	10.8	Bathing	0.8	79.4	19.8	126
Private Home/With Home Health	0.0	Dressing	8.7	77.0	14.3	126
Other Nursing Homes	11.8	Transferring	26.2	56.3	17.5	126
Acute Care Hospitals	69.9	Toilet Use	19.0	59.5	21.4	126
Psych. Hosp. -MR/DD Facilities	0.0	Eating	49.2	42.9	7.9	126
Rehabilitation Hospitals	0.0	*****				
Other Locations	7.5	Continence		%	Special Treatments	%
Total Number of Admissions	93	Indwelling Or External Catheter		4.0	Receiving Respiratory Care	5.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	45.2		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	29.0	Occ/Freq. Incontinent of Bowel	19.8		Receiving Suctioning	0.0
Private Home/With Home Health	1.1				Receiving Ostomy Care	0.8
Other Nursing Homes	1.1	Mobility			Receiving Tube Feeding	1.6
Acute Care Hospitals	2.2	Physically Restrained	0.8		Receiving Mechanically Altered Diets	15.9
Psych. Hosp. -MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	92.1
Other Locations	11.8	With Pressure Sores	4.0		Medications	
Deaths	54.8	With Rashes	7.9		Receiving Psychoactive Drugs	49.2
Total Number of Discharges (Including Deaths)	93	*****				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Nonprofit	Peer Group	100-199	Peer Group	Skilled	Peer Group	Facilities	Ratio
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	87.8	1.12	83.6	1.18	84.1	1.17	84.5	1.16
Current Residents from In-County	81.7	82.6	0.99	86.1	0.95	83.5	0.98	77.5	1.05
Admissions from In-County, Still Residing	39.8	25.9	1.53	22.5	1.77	22.9	1.74	21.5	1.85
Admissions/Average Daily Census	73.2	116.8	0.63	144.6	0.51	134.3	0.55	124.3	0.59
Discharges/Average Daily Census	73.2	117.3	0.62	146.1	0.50	135.6	0.54	126.1	0.58
Discharges To Private Residence/Average Daily Census	22.0	43.9	0.50	56.1	0.39	53.6	0.41	49.9	0.44
Residents Receiving Skilled Care	81.0	91.3	0.89	91.5	0.88	90.1	0.90	83.3	0.97
Residents Aged 65 and Older	99.2	97.1	1.02	92.9	1.07	92.7	1.07	87.7	1.13
Title 19 (Medicaid) Funded Residents	62.7	56.2	1.12	63.9	0.98	63.5	0.99	69.0	0.91
Private Pay Funded Residents	33.3	37.5	0.89	24.5	1.36	27.0	1.23	22.6	1.48
Developmentally Disabled Residents	5.6	0.6	8.93	0.8	6.75	1.3	4.42	7.6	0.73
Mentally Ill Residents	25.4	36.3	0.70	36.0	0.71	37.3	0.68	33.3	0.76
General Medical Service Residents	19.0	21.1	0.90	21.1	0.90	19.2	0.99	18.4	1.03
Impaired ADL (Mean)	47.9	50.8	0.94	50.5	0.95	49.7	0.96	49.4	0.97
Psychological Problems	49.2	50.0	0.98	49.4	1.00	50.7	0.97	50.1	0.98
Nursing Care Required (Mean)	4.5	6.8	0.66	6.2	0.72	6.4	0.69	7.2	0.62